

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|----------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 172809 | 172809 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|---|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Enivronmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/11/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 06/11/2015 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 7.4 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 108753 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/11/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 6.7 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 88005 | 88005 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.1 | 2.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/11/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 6/11/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.96 | ***** | 6.96 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 34 | ***** | 34 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 120 | ***** | 120 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

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| Joseph Bauer/ Enivronmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/18/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Quarterly sample for 007 was collected on May 29, 2015.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 385000 | 385000 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

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| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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ATTN: Joe Bauer, VICE PRES.

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| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | ***** | 7 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 138247 | 138247 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joesph Bauer/ Enivronmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/18/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joesph Bauer/ Enivronmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 7/18/2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 7.1 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 91492 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joesph Bauer/ Enivronmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/18/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89659 | 89659 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.3 | 9.3 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.6 | 1.6 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joesph Bauer/ Enivronmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 07/18/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.6 | ***** | 1.6 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joesph Bauer/ Enivronmental Specialist | | | (214)567-4874 | | 07/18/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Enivronmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/18/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Quarterly sample for 007 was collected on May 29, 2015. DMRs for May and June corrected to show the quarterly results in the May DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 7/18/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Quarterly sample for 007 was collected on May 29, 2015. DMRs for May and June corrected to show the quarterly results in the May DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 107488 | 107488 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/12/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 8/12/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.9 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 87631 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/12/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 78558 | 78558 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10.1 | 10.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.7 | 1.7 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/12/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 8/12/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/12/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 8/12/2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 96329 | 96329 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /9/16/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
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ATTN: Joe Bauer, VICE PRES.

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|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 9/16/2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 61158 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/16/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 45267 | 45267 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5 | 5 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/16/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 09/16/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /9/16/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| | | | (214)567-4874 | | 09/16/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | ***** | 7 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 64219 | 64219 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/12/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/12/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7.1 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 57347 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/12/2015 |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
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LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 6.6 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 30178 | 30178 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.1 | 4.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/12/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/12/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 7.3 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 23 | ***** | 23 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/12/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 182000 | 182000 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/12/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.5 | ***** | 7.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 67025 | 67025 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/13/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 1/13/2015 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 7.3 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 65662 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 1/13/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.12 | ***** | 7.12 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 30178 | 30178 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.8 | 7.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.1 | 1.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--------------|--|---------------|-----------|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | | | (214)567-4874 | | 1/13/2015 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 1/13/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/13/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 1/13/2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.1 | ***** | 7.1 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 79162 | 79162 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/14/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.6 | ***** | 1.6 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 2/14/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7.1 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.4 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 67537 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/14/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 67901 | 67901 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.4 | 6.4 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.3 | 1.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/14/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 2/14/2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/14/2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| (214)567-4874 | | | 2/14/2015 | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2015 | 12/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 6.6 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89057 | 89057 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/13/2014 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2015 | 12/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 11/13/2014 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2015 | 12/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.7 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 74454 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/13/2015 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2015 | 12/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 75252 | 75252 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 7.16 | < 7.16 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <= 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|---|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 11/13/2014 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2015 | 12/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| (214)567-4874 | | | 11/13/2014 | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2015 | 12/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.53 | ***** | 6.53 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 57 | ***** | 57 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 30 | ***** | 30 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 90 | ***** | 90 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/13/2014 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2015 | 12/31/2015 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 182000 | 182000 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 11/13/2014 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.1 | ***** | 7.1 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 108848 | 108848 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.63 | ***** | 6.63 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|---|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Envionrnmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/15/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.87 | ***** | 7.87 | ug/L | 1 | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 12/15/2016 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 7.1 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 101745 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|---|---|---|--|---------------|------------|
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| Joseph Bauer/ Envionrnmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/15/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 109996 | 109996 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.16 | 9.16 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 5 | < 5 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/15/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 12/15/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 8 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/15/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 12/15/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2016 | 02/29/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.6 | ***** | 7.6 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 118743 | 118743 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 19.4 | ***** | 19.4 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/15/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2016 | 02/29/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 6.7 | ug/L | 1 | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 03/15/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2016 | 02/29/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7.1 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 76022 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/15/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2016 | 02/29/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.4 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 115785 | 115785 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 15 | 15 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/15/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2016 | 02/29/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| (214)567-4874 | | | 3/15/2016 | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2016 | 02/29/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/15/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2016 | 02/29/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 3/15/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.1 | ***** | 7.1 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 110616 | 110616 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 17.8 | ***** | 17.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/14/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.99 | ***** | 7.99 | ug/L | 1 | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE | |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 04/14/2016 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | ***** | 7.2 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 4.36 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 106525 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 4/14/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.2 | ***** | 7.2 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 82990 | 82990 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 22.1 | 22.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.94 | 2.94 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/13/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.51 | ***** | 2.51 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.94 | ***** | 2.94 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 04/14/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.2 | ***** | 7.2 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8 | ***** | 8 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 45 | ***** | 45 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/14/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 1681000 | 1681000 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 04/14/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.4 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 120672 | 120672 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 22.6 | ***** | 22.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/13/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of Outfall 002A exceedance this month and corrective action taken.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 22.5 | ***** | 22.5 | ug/L | 1 | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 05/13/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of Outfall 002A exceedance this month and corrective action taken.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 7.4 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 6.5 | ug/L | 1 | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 69133 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/13/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TCE in outfall 002B was slightly over the limit this month. This is attributed to the fact that the air stripper influent had a proportionally larger contribution from bedrock groundwater than is typical. This results in increased iron fouling and a reduced air stripper efficiency (97% in April) compared to the typical efficiency of >99%. Corrective action is to replace the faulty storm sewer pump that led to reduced flow for this component of the influent, and operator instruction on changes needed to air stripper cleaning frequency and operation when bedrock influent

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.2 | ***** | 7.2 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 106311 | 106311 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 22.2 | 22.2 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.5 | 3.5 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/13/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| (214)567-4874 | | | 0/03/2016 | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/03/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 0/03/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.1 | ***** | 7.1 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 130728 | 130728 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/07/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 06/07/2016 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 7.1 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 105823 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/07/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 113169 | 113169 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.7 | 1.7 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/07/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| (214)567-4874 | | | 0/03/2016 | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/03/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 0/03/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 6.6 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 100560 | 100560 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/14/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 7/14/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 7 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 79036 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/14/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 94307 | 94307 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.1 | 7.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/14/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 07/14/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.3 | ***** | 6.3 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5 | ***** | 5 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 17 | ***** | 17 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 80 | ***** | 80 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/14/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 725000 | 725000 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 07/14/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 7.3 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 80448 | 80448 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/11/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE | |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 08/11/2016 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 7 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 79333 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/11/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 71090 | 71090 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.8 | 6.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/11/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/13/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/13/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 0/13/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2016 | 08/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 92165 | 92165 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /9/19/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2016 | 08/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 09/19/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2016 | 08/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.8 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89735 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/19/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2016 | 08/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 71090 | 71090 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.4 | 2.4 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/19/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2016 | 08/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/13/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2016 | 08/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/13/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2016 | 08/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 0/13/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2016 | 09/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.97 | ***** | 6.97 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 94798 | 94798 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/13/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2016 | 09/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 0/13/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2016 | 09/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 6.9 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 69302 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/13/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2016 | 09/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.57 | ***** | 6.57 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 2472 | 2472 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.1 | 3.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/13/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2016 | 09/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < .001 | ***** | < .001 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/13/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2016 | 09/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI C | ***** | NODI C | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 12 | ***** | 12 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 26 | ***** | 26 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 20 | ***** | < 20 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 350 | ***** | 350 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/13/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no measurable flow at the outlet of the pond this month due to drought conditions. The level of the pond was so low that there was no measurable outflow occurring at the time of sampling. A sample was still collected at the outlet location and results are reported herein; however the water was essentially stagnant.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2016 | 09/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI C | NODI C | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 0/13/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no measurable flow at the outlet of the pond this month due to drought conditions. The level of the pond was so low that there was no measurable outflow occurring at the time of sampling. A sample was still collected at the outlet location and results are reported herein; however the water was essentially stagnant.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 10/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.67 | ***** | 6.67 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 130348 | 130348 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/11/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 10/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 1/11/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 10/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 6.86 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 95731 | ***** | gal/d | ***** | ***** | ***** | ***** | | Continuous | Meter |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 1/11/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 10/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 97867 | 97867 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 10/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 1/11/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 10/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/11/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 10/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 1/11/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2016 | 11/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.56 | ***** | 6.56 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 130348 | 130348 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.6 | ***** | 1.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|---|---|--|--|---------------|--------|------------|--|
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| Joe Bauer/ Environmental, Health, and Safety Manage | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/06/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2016 | 11/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|---|---|--|---------------|-----------|
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| Joe Bauer/ Environmental, Health, and Safety Manage | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 2/06/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2016 | 11/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.61 | ***** | 6.81 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 102190 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|---|---|--|--|---------------|-----------|
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| Joe Bauer/ Environmental, Health, and Safety Manage | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/06/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2016 | 11/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.65 | ***** | 6.65 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 47728 | 47728 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.5 | 6.5 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|---|---|--|--|---------------|-----------|
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| Joe Bauer/ Environmental, Health, and Safety Manage | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/06/2016 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2016 | 11/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|---|---|--------------|--|-----------|-----------|
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| Joe Bauer/ Environmental, Health, and Safety Manage | | | (214)567-4874 | | 2/06/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2016 | 11/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|---|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joe Bauer/ Environmental, Health, and Safety Manage | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/06/2016 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2016 | 11/30/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joe Bauer/ Environmental, Health, and Safety Manage | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 2/06/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.78 | ***** | 6.78 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 165897 | 165897 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 4.6 | ***** | 4.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/12/201 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for diagnosis and corrective actions taken due to TCE being outside the permit limit this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11.2 | ***** | 11.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 11/12/201 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for diagnosis and corrective actions taken due to TCE being outside the permit limit this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | ***** | 7.01 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 12.8 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89511 | ***** | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/12/201 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for diagnosis and corrective actions taken due to TCE being outside the permit limit this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.39 | ***** | 6.39 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 120970 | 120970 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/12/201 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 11/12/201 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.88 | ***** | 5.88 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 160 | ***** | 160 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 410 | ***** | 410 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 5 | ***** | < 5 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 270 | ***** | 270 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 340 | ***** | 340 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/12/201 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 915552 | 915552 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 11/12/201 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 01/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.72 | ***** | 6.72 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 96267 | 96267 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 18 | ***** | 18 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/15/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of TCE exceedance and corrective actions underway.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 01/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11 | ***** | 11 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 12/15/201 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of TCE exceedance and corrective actions underway.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 01/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 6.81 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.2 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 107100 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/15/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 01/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.75 | ***** | 6.75 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 111293 | 111293 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 8.9 | 8.9 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.1 | 2.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/15/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 01/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUARTI
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 12/15/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 01/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/15/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 01/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 12/15/201 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2017 | 02/28/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.65 | ***** | 6.65 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 163421 | 163421 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 48 | ***** | 48 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/15/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for an explanation of the exceedance at outfall 002A and the corrective actions implemented.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2017 | 02/28/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 43 | ***** | 43 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 03/15/2017 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for an explanation of the exceedance at outfall 002A and the corrective actions implemented.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2017 | 02/28/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.78 | ***** | 6.85 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 123335 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/15/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2017 | 02/28/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.66 | ***** | 6.66 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 106522 | 106522 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 16 | 16 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.4 | 3.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/15/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2017 | 02/28/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| (214)567-4874 | | | 3/15/2017 | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2017 | 02/28/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/15/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2017 | 02/28/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 3/15/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.56 | ***** | 6.56 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 181493 | 181493 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10 | ***** | 10 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/13/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.7 | ***** | 2.7 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 14/13/201 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 6.85 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 140269 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 4/13/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.65 | ***** | 6.65 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 104207 | 104207 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 16 | 16 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.9 | 2.9 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 4/13/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2 | ***** | 2 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.9 | ***** | 2.9 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 04/13/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.65 | ***** | 6.65 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 19 | ***** | 19 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 54 | ***** | 54 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 152 | ***** | 152 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/13/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 1577000 | 1577000 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 14/13/201 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 04/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 151733 | 151733 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 12 | ***** | 12 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/12/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for likely cause of exceedance and corrective actions underway.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 04/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 15 | ***** | 15 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 05/12/2017 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for likely cause of exceedance and corrective actions underway.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 04/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.68 | ***** | 6.86 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.4 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 118877 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/12/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 04/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.02 | ***** | 7.02 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 108838 | 108838 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9 | 9 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.1 | 2.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/12/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 04/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.1 | ***** | 2.1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 05/12/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 04/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/12/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 04/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 05/12/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
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ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2017 | 05/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.57 | ***** | 6.57 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 149820 | 149820 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.9 | ***** | 7.9 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/19/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of exceedance for TCE and corrective actions taken.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2017 | 05/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.2 | ***** | 8.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 06/19/2017 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of exceedance for TCE and corrective actions taken.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2017 | 05/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.72 | ***** | 6.9 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 116681 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/19/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2017 | 05/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.75 | ***** | 6.75 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 127422 | 127422 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 14 | 14 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.3 | 2.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/19/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2017 | 05/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.5 | ***** | 1.5 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.3 | ***** | 2.3 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 6/19/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2017 | 05/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/19/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2017 | 05/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 6/19/201 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.83 | ***** | 6.83 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.8 | ***** | 1.8 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 189597 | 189597 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.8 | ***** | 7.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/14/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of exceedance for TCE and corrective actions taken.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 19 | ***** | 19 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 7/14/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.79 | ***** | 7.05 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.4 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 96470 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/14/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.55 | ***** | 6.55 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 114123 | 114123 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 13 | 13 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.8 | 1.8 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/14/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | .0014 | ***** | .0014 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.8 | ***** | 1.8 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 07/14/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.15 | ***** | 6.15 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 19 | ***** | 19 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 33 | ***** | 33 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 186 | ***** | 186 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/14/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 818000 | 818000 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 07/14/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 07/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.87 | ***** | 6.87 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 109395 | 109395 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/08/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 07/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 08/08/2017 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 07/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.82 | ***** | < 6.96 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 118335 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/08/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 07/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.82 | ***** | 6.82 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 106522 | 106522 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.6 | 9.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.2 | 1.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/08/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 07/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.2 | ***** | 1.2 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 8/08/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 07/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/08/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 07/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 08/08/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2017 | 08/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.07 | ***** | 7.07 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89082 | 89082 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /9/12/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2017 | 08/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 09/12/2017 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2017 | 08/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.86 | ***** | 6.96 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 83552 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/12/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2017 | 08/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.96 | ***** | 6.96 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 104207 | 104207 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.9 | 2.9 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/12/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2017 | 08/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 2.9 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 09/12/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2017 | 08/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /9/12/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2017 | 08/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 09/12/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.91 | ***** | 6.91 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 96663 | 96663 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/11/201 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 0/11/201 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.85 | ***** | < 6.92 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 96565 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/11/201 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 105364 | 105364 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.2 | 5.2 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/11/201 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/11/201 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.99 | ***** | 6.99 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 100 | ***** | < 100 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/11/201 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no measurable flow at the outfall location. A sample of the stagnant water at the location was collected and analyzed with results as reported herein.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0 | 0 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 0/11/201 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no measurable flow at the outfall location. A sample of the stagnant water at the location was collected and analyzed with results as reported herein.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 10/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.98 | ***** | 6.98 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 133157 | 133157 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/08/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 10/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.3 | ***** | 1.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 1/08/201 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 10/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.75 | ***** | <= 6.92 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.4 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 92670 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/14/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 10/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.75 | ***** | 6.75 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 136626 | 136626 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.4 | 6.4 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 1/08/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 10/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 2/14/2017 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 10/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/08/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 10/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 1/08/201 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2017 | 11/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.66 | ***** | 6.66 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 109395 | 109395 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/14/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2017 | 11/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.1 | ***** | 2.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 2/14/201 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2017 | 11/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.72 | ***** | <= 6.83 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 94806 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/14/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2017 | 11/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.81 | ***** | 6.81 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 128521 | 128521 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.4 | 6.4 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.1 | 1.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/14/2017 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2017 | 11/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.1 | ***** | 1.1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| (214)567-4874 | | | 2/14/2017 | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2017 | 11/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/14/2017 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2017 | 11/30/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 2/14/201 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.08 | ***** | 7.08 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 125335 | 125335 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 6.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/10/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Slight exceedance of permit limit for TCE is attributed to the treatment plant carbon vessels having been re-coated and filled with new carbon on 12/21 (the day prior to sampling). It is suspected that the carbon was not fully charged when the samples were collected. Due to projected weather conditions between 12/21 and 12/31 and the holidays, it was not feasible to allow more time between carbon change out and the sampling effort.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.3 | ***** | 5.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 11/10/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Slight exceedance of permit limit for TCE is attributed to the treatment plant carbon vessels having been re-coated and filled with new carbon on 12/21 (the day prior to sampling). It is suspected that the carbon was not fully charged when the samples were collected. Due to projected weather conditions between 12/21 and 12/31 and the holidays, it was not feasible to allow more time between carbon change out and the sampling effort.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.73 | ***** | < 7.67 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 4.1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 100574 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/10/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TCE concentration higher than typical is attributed to the treatment plant carbon vessels having been re-coated and filled with new carbon on 12/21 (the day prior to sampling). It is suspected that the carbon was not fully charged when the samples were collected. Due to projected weather conditions between 12/21 and 12/31 and the holidays, it was not feasible to allow more time between carbon change out and the sampling effort. The pH on 12/22 was also higher than typical due to the carbon change out.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.51 | ***** | 6.51 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 115785 | 115785 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.5 | 6.5 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.2 | 1.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/10/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.1 | ***** | 1.1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.2 | ***** | 1.2 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 11/10/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.59 | ***** | 5.59 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11 | ***** | 11 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 38 | ***** | 38 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 101 | ***** | 101 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/10/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 770315 | 770315 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 11/10/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 01/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.73 | ***** | 6.73 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 130444 | 130444 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11 | ***** | 11 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/14/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of exceedance and planned corrective action.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 01/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.4 | ***** | 9.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE | |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 12/14/2018 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of exceedance and planned corrective action.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 01/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.68 | ***** | < 6.78 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.4 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 86805 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/14/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 01/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.83 | ***** | 6.83 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 141258 | 141258 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 10 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.9 | 1.9 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/14/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 01/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.7 | ***** | 1.7 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.9 | ***** | 1.9 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 12/14/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 01/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/14/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 01/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 12/14/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2018 | 02/28/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 142441 | 142441 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.2 | ***** | 9.2 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/14/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for reason for exceedance and planned corrective actions.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2018 | 02/28/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11 | ***** | 11 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 03/14/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for reason for exceedance and planned corrective actions.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2018 | 02/28/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.7 | ***** | < 6.8 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.2 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 90283 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 03/14/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2018 | 02/28/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.51 | ***** | 6.51 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 153994 | 153994 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 15 | 15 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.8 | 2.8 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 03/14/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2018 | 02/28/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2 | ***** | 2 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.8 | ***** | 2.8 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 03/14/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2018 | 02/28/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/14/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2018 | 02/28/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 03/14/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.79 | ***** | 6.79 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 126444 | 126444 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 14 | ***** | 14 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/12/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for reason for exceedance and corrective actions being taken.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 17 | ***** | 17 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 04/12/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for reason for exceedance and corrective actions being taken.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.52 | ***** | < 6.76 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.5 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 111272 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 4/12/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.51 | ***** | 6.51 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 126206 | 126206 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 20 | 20 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.7 | 3.7 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 4/12/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.7 | ***** | 2.7 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 3.7 | ***** | 3.7 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 04/12/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.96 | ***** | 6.96 | SU | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 13 | ***** | 13 | ug/L | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 100 | ***** | < 100 | ug/L | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/12/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 960974 | 960974 | gal/d | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 04/12/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 04/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.89 | ***** | 6.89 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 127211 | 127211 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 17 | ***** | 17 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joe Bauer/ Director, Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/15/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for reasons for exceedance and corrective action underway.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 04/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 30 | ***** | 30 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joe Bauer/ Director, Env Assts and Remediation | | | (214)567-4874 | 05/15/2018 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 04/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.78 | ***** | 6.98 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.2 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 97265 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|--|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joe Bauer/ Director, Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/15/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 04/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.78 | ***** | 6.78 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 144731 | 144731 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 15 | 15 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.4 | 2.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/15/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 04/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.2 | ***** | 2.2 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.4 | ***** | 2.4 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joe Bauer/ Director, Env Assts and Remediation | | | (214)567-4874 | | 05/15/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 04/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joe Bauer/ Director, Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/15/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 04/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joe Bauer/ Director, Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 05/15/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2018 | 05/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.71 | ***** | 7.71 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 120415 | 120415 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.4 | ***** | 1.4 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/13/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2018 | 05/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.8 | ***** | 1.8 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 6/13/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2018 | 05/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.8 | ***** | <= 6.94 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.2 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 111511 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/13/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2018 | 05/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 7.3 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 164520 | 164520 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 8.8 | 8.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.3 | 1.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/13/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2018 | 05/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.2 | ***** | 1.2 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.3 | ***** | 1.3 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 6/13/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2018 | 05/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/13/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2018 | 05/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 06/13/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.59 | ***** | 7.59 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 101824 | 101824 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/17/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 7/17/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.78 | ***** | < 6.9 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 90818 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/17/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.52 | ***** | 6.52 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 79034 | 79034 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.6 | 4.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 07/17/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.83 | ***** | 5.83 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 100 | ***** | < 100 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/17/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 343195 | 343195 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 7/17/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 07/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.05 | ***** | 7.05 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89681 | 89681 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1.5 | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/08/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 07/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.4 | ***** | 2.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 08/08/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 07/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.5 | ***** | <= 6.68 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.8 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 88673 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/08/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 07/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.51 | ***** | 6.51 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 86839 | 86839 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.5 | 3.5 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/08/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 07/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 8/08/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 07/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/08/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 07/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 08/08/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2018 | 08/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89681 | 89681 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.7 | ***** | 7.7 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Director Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/01/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for likely reason for TCE exceedance and corrective action completed in August.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2018 | 08/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10 | ***** | 10 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Director Env Assts and Remediation | | | (214)567-4874 | | 0/01/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for likely reason for TCE exceedance and corrective action completed in August.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2018 | 08/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 6.81 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 91933 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|--|--|---------------|-----------|
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| Joseph Bauer/ Director Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/01/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2018 | 08/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.81 | ***** | 6.81 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 98417 | 98417 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.9 | 4.9 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--|--|---------------|-----------|
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| Joseph Bauer/ Director Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/01/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2018 | 08/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|---------------|------------|
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| Joseph Bauer/ Director Env Assts and Remediation | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 0/01/2018 |
| TYPED OR PRINTED | | AREA Code | | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2018 | 08/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Director Env Assts and Remediation | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/01/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2018 | 08/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Director Env Assts and Remediation | | | (214)567-4874 | 0/01/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.91 | ***** | 6.91 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 66240 | 66240 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.7 | ***** | 1.7 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/12/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The laboratory analysis for this sample was performed utilizing a compromised vial.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.4 | ***** | 1.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 0/12/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The laboratory analysis for this sample was performed utilizing a compromised vial.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.76 | ***** | <= 6.92 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.2 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 81138 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/12/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.56 | ***** | 6.56 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 162009 | 162009 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.3 | 6.3 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/12/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/12/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.85 | ***** | 6.85 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 264 | ***** | 264 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/12/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 1910542 | 1910542 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/12/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 10/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.13 | ***** | 7.13 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 86112 | 86112 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11 | ***** | 11 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/12/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for likely reasons for minor exceedance this month and corrective actions underway.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 10/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.6 | ***** | 7.6 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 1/12/2018 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for likely reasons for minor exceedance this month and corrective actions underway.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 10/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.95 | ***** | < 7.02 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 75309 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 1/12/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 10/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 150521 | 150521 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.1 | 5.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.1 | 1.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 1/12/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 10/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.1 | ***** | 1.1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 1/12/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 10/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/12/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 10/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 1/12/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2018 | 11/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.83 | ***** | 6.83 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 121104 | 121104 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 18 | ***** | 18 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/15/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely reason for exceedance and upcoming corrective action.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2018 | 11/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 24 | ***** | 24 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 2/15/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for likely reason for exceedance and upcoming corrective action.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2018 | 11/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.55 | ***** | < 6.85 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.6 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 92549 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/15/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2018 | 11/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.86 | ***** | 6.86 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 144731 | 144731 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 10 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.3 | 2.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/15/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2018 | 11/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 22 | ***** | 22 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.8 | ***** | 1.8 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.3 | ***** | 2.3 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 2/15/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2018 | 11/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/15/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2018 | 11/30/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 2/15/2018 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.86 | ***** | 6.86 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 123840 | 123840 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6 | ***** | 6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/15/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 12 | ***** | 12 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 11/15/2014 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.68 | ***** | < 6.78 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.2 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 82487 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/15/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.3 | ***** | 6.3 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 115785 | 115785 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 8.3 | 8.3 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.7 | 1.7 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/15/2018 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.3 | ***** | 1.3 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.7 | ***** | 1.7 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 11/15/2018 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.61 | ***** | 5.61 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 148 | ***** | 148 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/15/2018 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 807969 | 807969 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 11/15/2014 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 01/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.55 | ***** | 6.55 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 123840 | 123840 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.8 | ***** | 8.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/15/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of exceedance and corrective actions.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 01/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 18 | ***** | 18 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 12/15/2014 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation of exceedance and corrective actions.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 01/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.8 | ***** | < 6.9 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.5 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 111124 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/15/2014 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 01/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.88 | ***** | 5.88 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 91470 | 91470 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 10 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.2 | 2.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/15/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 01/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | .0018 | ***** | .0018 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.2 | ***** | 2.2 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 12/15/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 01/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/15/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 01/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 12/15/2014 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2019 | 02/28/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.91 | ***** | 6.91 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 148093 | 148093 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.6 | ***** | 5.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/11/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2019 | 02/28/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 4.9 | ***** | 4.9 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 03/11/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2019 | 02/28/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.68 | ***** | < 6.88 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.2 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 106874 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/11/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2019 | 02/28/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 121574 | 121574 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 14 | 14 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.6 | 2.6 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/11/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2019 | 02/28/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.6 | ***** | 2.6 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.6 | ***** | 2.6 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 03/11/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2019 | 02/28/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/11/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2019 | 02/28/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 03/11/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.65 | ***** | 6.65 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 149109 | 149109 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.8 | ***** | 5.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/16/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 4.5 | ***** | 4.5 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 14/16/2014 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

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| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.77 | ***** | < 6.91 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 139074 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 4/16/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.75 | ***** | 6.75 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 137635 | 137635 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 13 | 13 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.5 | 2.5 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 4/16/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.1 | ***** | 2.1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.5 | ***** | 2.5 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 04/16/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.53 | ***** | 6.53 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10 | ***** | 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 121 | ***** | 121 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 4/16/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 1259618 | 1259618 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 04/16/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 04/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.83 | ***** | 6.83 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 160088 | 160088 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 20 | ***** | 20 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/14/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation for permit exceedance and corrective actions.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 04/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 39 | ***** | 39 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 05/14/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attachment for explanation for permit exceedance and corrective actions.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 04/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.86 | ***** | < 6.94 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.5 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 109662 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/14/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 04/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.16 | ***** | 6.16 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 118101 | 118101 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 10 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.3 | 2.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 05/14/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 04/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.2 | ***** | 2.2 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.3 | ***** | 2.3 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 05/14/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 04/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/14/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 04/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 05/14/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2019 | 05/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|----------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.92 | ***** | 6.92 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 135355 | 135355 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/06/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2019 | 05/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.7 | ***** | 2.7 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 16/06/2016 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2019 | 05/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.72 | ***** | < 6.92 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 105918 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 6/06/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2019 | 05/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 121574 | 121574 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 10 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.5 | 1.5 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--------------|--|---------------|-----------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | | | (214)567-4874 | | /6/06/2019 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2019 | 05/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.3 | ***** | 1.3 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.5 | ***** | 1.5 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 6/06/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2019 | 05/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /6/06/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2019 | 05/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 16/06/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.54 | ***** | 6.54 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.1 | ***** | 1.1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 110910 | 110910 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/12/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2 | ***** | 2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 7/12/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.8 | ***** | < 6.92 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.8 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 102980 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/12/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 113469 | 113469 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.1 | 9.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.3 | 1.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 7/12/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.3 | ***** | 1.3 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 07/12/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.51 | ***** | 6.51 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 100 | ***** | < 100 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /7/12/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 264828 | 264828 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 7/12/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 07/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|----------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.87 | ***** | 6.87 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.1 | ***** | 1.1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 132742 | 132742 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/13/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 07/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 8/13/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 07/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.8 | ***** | < 6.92 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 104878 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/13/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 07/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.91 | ***** | 6.91 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 32420 | 32420 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.2 | 6.2 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.4 | 1.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 8/13/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 07/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.4 | ***** | 1.4 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 8/13/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 07/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /8/13/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 07/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 8/13/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2019 | 08/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.57 | ***** | 6.57 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 93512 | 93512 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /9/12/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2019 | 08/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2 | ***** | 2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 09/12/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2019 | 08/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.57 | ***** | <= 6.7 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.9 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 85042 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/12/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2019 | 08/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.28 | ***** | 6.28 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 25473 | 25473 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.3 | 4.3 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 09/12/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2019 | 08/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.2 | ***** | 2.2 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 09/12/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2019 | 08/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /9/12/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2019 | 08/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 09/12/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 121680 | 121680 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/14/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.2 | ***** | 2.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 0/14/2019 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 6.58 | ***** | < 6.74 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.3 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 85907 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/14/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 103049 | 103049 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.7 | 5.7 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.2 | 1.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 0/14/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.2 | ***** | 1.2 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 0/14/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 100 | ***** | < 100 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 0/14/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 134748 | 134748 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 0/14/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 10/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.69 | ***** | 6.69 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 107276 | 107276 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/14/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 10/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.3 | ***** | 1.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 1/14/2014 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 10/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.6 | ***** | <= 6.7 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 94683 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 1/14/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 10/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 6.7 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 30104 | 30104 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.8 | 5.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 1 | < 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 1/14/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 10/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.5 | ***** | 5.5 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 1/14/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 10/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 1/14/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 10/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 1/14/2014 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2019 | 11/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.45 | ***** | 7.45 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 164052 | 164052 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.1 | ***** | 1.1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/30/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2019 | 11/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.3 | ***** | 2.3 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 2/30/2019 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2019 | 11/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.65 | ***** | <= 6.75 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.5 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 114236 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/30/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2019 | 11/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.75 | ***** | 6.75 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 69471 | 69471 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.2 | 6.2 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1 | 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 2/30/2019 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2019 | 11/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.6 | ***** | 5.6 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 2/30/2019 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2019 | 11/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 2/30/2019 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2019 | 11/30/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 2/30/2014 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2019 | 12/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.63 | ***** | 6.63 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 147572 | 147572 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.8 | ***** | 6.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/14/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2019 | 12/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.4 | ***** | 5.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 11/14/2020 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2019 | 12/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.6 | ***** | <= 6.7 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 60660 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/14/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2019 | 12/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.18 | ***** | 6.18 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 150521 | 150521 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.8 | 9.8 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.6 | 1.6 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 11/14/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2019 | 12/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.2 | ***** | 1.2 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.6 | ***** | 1.6 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 11/14/2020 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2019 | 12/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.52 | ***** | 6.52 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 151 | ***** | 151 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 11/14/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2019 | 12/31/2019 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 817534 | 817534 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 11/14/2020 |
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| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 01/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.75 | ***** | 6.75 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 115453 | 115453 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/11/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 01/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.4 | ***** | 1.4 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 12/11/2020 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
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ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 01/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.68 | ***** | <= 6.75 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 136011 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/11/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 01/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.56 | ***** | 6.56 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 26631 | 26631 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6 | 6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1 | 1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/11/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 01/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 12/11/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 01/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /2/11/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 01/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 12/11/2020 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2020 | 02/29/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.06 | ***** | 7.06 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 95400 | 95400 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.6 | ***** | 1.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1 | ***** | 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | | DATE | |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /3/12/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2020 | 02/29/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 3.1 | ***** | 3.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
|--|---|--------------|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 03/12/2020 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2020 | 02/29/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.68 | ***** | <= 6.92 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.9 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 147756 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/12/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2020 | 02/29/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.68 | ***** | 6.68 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 30104 | 30104 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.3 | 6.3 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.1 | 1.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | | TELEPHONE | DATE |
| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 3/12/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2020 | 02/29/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | .001 | ***** | .001 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.1 | ***** | 1.1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|-----------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 3/12/2020 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2020 | 02/29/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 3/12/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2020 | 02/29/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--------------|--|------------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 3/12/2020 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.92 | ***** | 6.92 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 148849 | 148849 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 14/09/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 3.2 | ***** | 3.2 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|--------------|--|------------|--------|
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| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | 14/09/2020 | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.79 | ***** | <= 6.94 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.1 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 115020 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 14/09/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 98417 | 98417 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.6 | 9.6 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.8 | 1.8 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | |
|--|---|---|--|---------------|------------|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | 14/09/2020 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.8 | ***** | 1.8 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 1.8 | ***** | 1.8 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 14/09/2020 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.53 | ***** | 6.53 | SU | | Quarterly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10 | ***** | 10 | ug/L | | Quarterly | Grab |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 10 | ***** | < 10 | ug/L | | Quarterly | Grab |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 25 | ***** | < 25 | ug/L | | Quarterly | Grab |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 7 | ***** | < 7 | ug/L | | Quarterly | Grab |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 50 | ***** | < 50 | ug/L | | Quarterly | Grab |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 100 | ***** | < 100 | ug/L | | Quarterly | Grab |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | 14/09/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 716112 | 716112 | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |
| 50050 10 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 14/09/2020 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 04/30/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 6.6 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Priority Pollutants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 50008 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Annual | 24 Hour Composite |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 130243 | 130243 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 3.7 | ***** | 3.7 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 70 DAILY MX | ug/L | | Monthly | Grab |
| Tetrachloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Monthly | Grab |
| 78389 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/13/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|-------------------|------------------|
| MA0001791 | 002-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 04/30/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8 | ***** | 8 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |

| | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (214)567-4874 | 05/13/2020 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 002-B |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 04/30/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
TREATED GROUNDWATER
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | >= 6.6 | ***** | <= 6.77 | SU | | Weekly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Weekly | Grab |
| trans-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 1.5 | ug/L | | Monthly | Grab |
| 34546 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.6 | ug/L | | Monthly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | ug/L | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 123172 | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 250000 MO AVG | ***** | gal/d | ***** | ***** | ***** | ***** | | Weekly | Estimate |

| | | | | | |
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| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 004-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 04/30/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
GROUNDWATER INFILTRATION
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 6.5 | SU | | Monthly | Grab |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Monthly | Grab |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 118101 | 118101 | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Monthly | Estimate |
| cis-1,2-Dichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17 | 17 | ug/L | | Monthly | Grab |
| 77093 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |
| Trichloroethene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.1 | 3.1 | ug/L | | Monthly | Grab |
| 78391 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | ug/L | | Monthly | Grab |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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|---------------|------------------|
| MA0001791 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 04/30/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
GROUNDWATER INFILTRATION - QUART
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ***** | ***** | ***** | < 1 | ***** | < 1 | ug/L | | Quarterly | Grab |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Vinyl chloride | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.6 | ***** | 2.6 | mg/L | | Quarterly | Grab |
| 39175 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | Grab |
| Trichloroethylene | SAMPLE MEASUREMENT | ***** | ***** | ***** | 3.1 | ***** | 3.1 | ug/L | | Quarterly | Grab |
| 39180 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | |
|--|---|--------------|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Joseph Bauer | TELEPHONE | | DATE |
| Joseph Bauer/ Environmental Specialist | | | (214)567-4874 | | 05/13/2020 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: TEXAS INSTRUMENTS INC.
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703
FACILITY: TEXAS INSTRUMENTS, INC.
LOCATION: 527 PLEASANT STREET
ATTLEBORO, MA 02703
ATTN: Joe Bauer, VICE PRES.

| | |
|---------------|------------------|
| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 04/30/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR (SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | Grab |
| Copper, total [as Cu] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Lead, total [as Pb] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01051 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Nickel, total [as Ni] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Silver, total [as Ag] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01077 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. MAXIMUM | ug/L | | Quarterly | Grab |
| Zinc, total [as Zn] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | ug/L | | Quarterly | Grab |

| | | | | | | | |
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| Joseph Bauer/ Environmental Specialist | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (214)567-4874 | | /5/13/2020 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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| MA0001791 | 007-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 04/30/2020 |

DMR Mailing ZIP CODE: 01880
MAJOR
(SUBR S)
OUTLET OF COOPERS POND TO WADING R
External Outfall
No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | NODI 9 | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | gal/d | ***** | ***** | ***** | ***** | | Quarterly | Grab |

| | | | | |
|--|---|--|---------------|------------|
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